POSITION INITIALS ID NO. DATE

FEE DETERMINATION

O.I.P.E. CLASSIFIER
FORMALITY REVIEW

RESPONSE FORMALITY REVIEW

HA

35 8

08-11-00

(4449

12-14-0

INDEX OF CLAIMS

✓ Rejected	N Non-elected
= Allowed	IInterference
 (Through numeral) Canceled 	A Appeal
÷ Restricted	O Objected

÷ Restricted 0 Objected					
Claim Date	Ctaim	Date	Claim	Date	
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If more than 150 claims or 10 actions staple additional sheet here

BEST AVAILABLE COPY

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